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APPLICANTS

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*OK, PHT*

\*\* CONTINUING DATA \*\*\*\*\*  
*None, PHT*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 FRANCE 01/04370 03/30/2001  
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*OK, PHT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRANCE	SHEETS DRAWING 0	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *PHT*

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 26941  
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TITLE  
 Anti-allergic pharmaceutical composition containing at least one allergen and at least one antihistamine compound

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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